

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/763916
APPLICANT(S)

FILING DATE

2-26-04

CLAIMS

	ADDED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52	/					
53		/				
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100						
TOTAL IND.	10					
TOTAL DEP.		22				
TOTAL CLAIMS	32					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS